STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form CONFLICT CASES

Name of Claimant		Vendor ID #				
number and document dat pre-approved costs. OPD conflict and appellate case number and attached to th Claimant must submit a m cases that you have closed	ttach an itemized invoice to tes, time spent, rate of pay, client numbers are assigned es. All travel expenses repor is claim form. Monthly offic onthly claim by the 10th of to d (C) or withdrawn (W) from m to Larry Murphy, Contra	and a descri d by the Regi ted on this claded expense sinch the month following on this form	ption of the activitional Office. Seplaim are to be detipends are to be lowing the month, whether or not	rity. Attach a copparate summary etailed on a trave to be listed as the n in which costs you are billing for	oy of the pre-appro forms must be pre el expense voucher last line item on the were incurred. Ple or this period. Ente	val notice for any pared for non- form by case he form. ease note all r (O) if the case
Month of Service			Billing for Reg			
Note: Claims submitted m	ore than 45 days from the l	-	e month of servi	ce will be denie	ed.	
Client Name	OPD-Assigned Case ID #	Open (O) Closed (C) or Withdrawn (W) Case?	Hours Worked	Total Fees	Total Costs	Total Fees & Costs
TOTALS						
	Counsel certifies that the cas	es listed, exp	penses claimed a	nd the times rep	orted are true and a	accurate.
Attorney's Signature/Date		Contract Manager's Approval/Date Approved				

Signatures above certify that all costs in excess of \$200 have been pre-approved.